Levy (R.)

Inoperable Sarcoma of the Nose.

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Adopting Plicque's * classification of malignant tumors of the nasal cavities, the following case is placed in the fourth or inoperable class:

On September 21, 1893, J. L., male, aged sixty-two, by occupation a farmer, was referred to me for examination and advice by Dr. Wiest and Dr. Toplif, of Longmont, Col.

In the family history of the patient there was nothing of interest except that his mother died at the age of seventy of a "tumor" of the liver. He has always been healthy and strong; is the father of three children, one of whom died at the age of five weeks of "scrofula" and a "troublesome sore on the neck." He has been a sufferer from "catarrh" for twenty years, which he states has been gradually getting worse. Present illness dates back several years; the exact date of its origin is indefinite. Three years ago he first noticed that the discharge from his nose was becoming offensive. Several years ago he lost the sense of smell, which has not returned. In April, 1890, he began having intense pain in the forehead. In

* A Study of the Diagnosis and Treatment of Malignant Tumors of the Nasal Fossæ. *Journal of Laryngology and Rhinology*, May, 1890.

August of the same year the region of the left superior maxillary and malar bones became swollen. There was a burning sensation in the region of the cavity of the antrum. About the same time there developed partial facial paralysis of motion, involving the superficial muscles from the lower lid to the upper lip upon the left side. There was slight loss of sensation of the upper lip. Since August his strength has been rapidly failing; his appetite has been nil; on account of the intense pain, he has been unable to obtain a night's rest. The character of the pain has been lancinating, becoming more and more intense of late, radiating from the antrum to the left side and root of the nose and forehead, being at times very intense in the occipital region.

Upon examination, we find a large, well-developed man, somewhat emaciated, with an expression of intense suffering upon his face. A decided swelling exists over the middle and malar portions of the left superior maxillary bone and over the malar bone. The skin covering this region is tense and of a dusky hue. The eye is watery. Examination of the nose reveals a small polyp springing from the under surface of the middle turbinate on the left side, and a considerable amount of thick, dark-green pus with an intensely fœtid odor—the odor of necrotic tissue. The existence of the pain, the fœtid odor, the purulent discharge, the swelling, and the presence of the nasal polyp, at once directed our attention to the probability of an existing, long-standing empyema of the antrum. The intensity of the symptoms and the odor pointed also to a syphilitic lesion or some form of malignant growth. The absence of any history of syphilis or of any previous symptom of that affection led us to believe that the case was probably one of either cancer or long standing antrum abscess. Transillumination of the cavity of the antrum revealed characteristic and definite results, and the advisability of opening the antrum was apparent. Upon gaining the patient's consent, the antrum was opened by Dr. Bartleson through the alveolar process, when there was at once a profuse discharge of green, intensely fœtid pus. A gold-plated tube was firmly fixed in the opening, antiseptic and stimulating solutions were given to the patient, and he was ad-

vised to return home and continue washing the antrum for a period of time. The polyp was removed with the cold snare. The result expected was either great improvement or, if the case proved one of malignant growth, it would rapidly progress. Some relief to the pain and some correction to the odor were obtained. Soon the symptoms returned with increased violence, and on the 20th of October he presented himself again. On the 19th of October he had his first nosebleed, which was quite profuse. At this time also there was noticed difficulty in swallowing, especially liquids. Upon examining him the swelling over the cheek was seen to be slightly increased. The examination of the nose revealed a small grayish, irregular mass beneath the middle turbinated bone in the neighborhood of the ostium maxillare. From the rapid increase in the symptoms some form of malignant growth was quite definitely settled upon as a most likely diagnosis. This outgrowth appearing in the nose gave additional proof to the diagnosis, and a small portion removed with a cutting forceps was examined microscopically by Dr. Axtel. It proved to be, according to the doctor's report, a large-celled sarcoma, in which were found many small round cells, embryonic blood-vessels, and a slight attempt at connective-tissue formation. On October 25th the patient discharged two large masses of necrosed tissue from the nose. There also appeared some difficulty in vision. An examination by Dr. Le Mond detected interference with the action of the internal rectus, causing diplopia. There was also considerable œdema of the ocular and palpebral conjunctiva of the lower lid. The pain continued to increase, becoming especially marked at the base of the brain. The difficulty of swallowing rapidly increased, the patient's strength soon failed, and he died of exhaustion November 24, 1893. Unfortunately, an autopsy could not be obtained.

At no time were any of the adjacent glands enlarged or affected.

Passing over the interest attached to the existence of such rare growths in such still rarer situations, the case reported presents several points worthy of attention:

1. *The anatomical parts involved*, as indicated by the subsequent train of symptoms. (*a*) Paralysis of motion, involving the periphery of branches of the facial distributed over the superior maxillary bone, showing local pressure. (*b*) Paralysis of sensation due to pressure in the course of the second division of the fifth. (*c*) Paralysis of deglutition due to pressure upon Meckel's ganglion, from which are derived the palatine nerves which supply muscles largely concerned in the act of swallowing. (*d*) The pain in the face and eye, accounted for by pressure upon branches of the fifth. (*e*) The pain in the eye and that in the occipital region, accounted for by pressure in the neighborhood of the sphenoid bone. Finally, there is every reason to believe that from these pressure symptoms the tumor must have existed not only in the nose and in the antrum, but must have extended into the spheno-maxillary fossa, as well as into the body of the sphenoid bone.

2. *The presence of the nasal polyp.* This brings us to the much discussed question of the relation of polypi to the development of malignant tumors. It is plain that in this case the polyp was simply coexistent.

3. *The necessity of determining the point of origin of the growth* as well as its extent. This is particularly important in the matter of the treatment, for if it could have been definitely determined that the growth began in the nose and extended only into the antrum and the adjacent superior maxillary bone, an operation might have been undertaken. With the intensity of the symptoms referring us to extensive nerve pressure and the small amount of nasal disturbance, one might definitely conclude that the growth did not begin in the nose and that it extended into deep structures.

4. *The intensely fœtid discharge from the antrum.* This discharge was characteristic of necrosed tissue, and,

while in many cases of long standing empyema of the antrum we have a fœtid odor, still the difference between the odor from abscess of this cavity and the penetrating fœtor found in malignant cases merits attention as a differential diagnostic feature.

5. *The severe pain in the forehead.* This occurred early in the case reported above, and in the majority of cases of malignant tumors of the nose this appears as an early symptom. In an admirable report of five cases of malignant tumor of the nose by Neuman * this symptom is particularly noticeable.

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FRANK P. FOSTER, M.D.

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